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PATENT APPLICATION				T.
TRANSMITTAL		13724 853		PT0
(Only for new nonprovisional applications under 37 CFR 1.53(b))				382 382
	First Invent	First Inventor or Application Identifier Morris		
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent applications.	tion contents.	ADDRESS	TO: Commissioner for Box Patent Applic Washington, DC 2	cation
 Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee proc Applicant claims small entity status. See 37 C 	-	8. Nuc	Microfiche Computer Progleotide and/or Amino Acid pplicable, all necessary)	ram <i>(Appendix)</i>
		a	<u> </u>	Readable Copy
3. Specification [Total P (preferred arrangement set forth below)	ages <u>80</u>]	t		y (identical to computer
 Descriptive title of the Invention 			copy)	· ·
 Cross References to Related Applications Statement Regarding Fed-Sponsored R&D Reference to sequence listing, a table, or a complisting appendix Background of the Invention Brief Summary of the Invention Brief Detailed Description of the Drawings Detailed Description Claim(s) 	outer program	c	Statement copies	verifying identity of above
	eets <u>40</u>]			
5. Oath or Declaration [Total	l Pages]			
a. Newly executed (original or	сору)			
b.	OF ng inventor(s)			
6. Application Data Sheet. See 37 CFR 1.76				
1.			ACCOMPANYING APPLI	CATION PARTS
2.		9. □	Assignment Papers (cover s	sheet & document(s))
		10.	37 CFR 3.73(b) Statement (when there is an assignee)	Power of Attorney
			English Translation Docum	ent (if applicable)
			Information Disclosure Statement (IDS) PTO-1449	Copies of IDS Citations
		13.	Preliminary Amendment	

14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15. Certified Copy of Priority Document(s) (if foreign priority is claimed)

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supplied und	ler Box 4b, is considere I by reference. The inc	d a part	of the disclosu	re of the accomi	panying continuation	ı or divisional anı	an oath or declaration is plication and is hereby mitted from the submitted
			18. C	ORRESPOND	ENCE ADDRESS		
☐ Customer	Number or Bar Code La	bel				or 🛭	Correspondence address below
			(Insert Custo	mer No. or Atta	ch bar code label h	ere)	
NAME	Joel Harris						
ADDRESS	967 North Shorelin	e Boulev	ard				
CITY	Mountain View		STATE	CA		ZIP CODE	94043
COUNTRY	US	TEL	EPHONE	650 314-34	00	FAX	650 390-8505
Name (i Signatu	Print/Type) Joel Harri re Jul	11 Cd 1	الممما		Registration No.	(Attorney/Agent) Date	44,743

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